

MEMBERSHIP APPLICATION FORM *

NO.	PARTICULARS	
1.	NAME	
2.	ADDRESS	
3.	EMAIL-ID	
4.	MOBILE NUMBER	
5.	NO. OF SHARES HELD IN FTIL	
6.	CLIENT ID	
7.	DP ID	

I hereby give my consent to become a member of SHAFT. I also hereby confirm that neither me/my family members/relatives/associates/group cos/subsidiary have any outstanding claims against NSEL.

SIGNATURE

APPROVED BY

PLACE : _____

DATE : _____

* *Submitting the Application form doesn't guarantee membership of the Association which is subject to the absolute discretion of the governing body of the association.*